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	INFORMATION D	ISCLO	SURE	Application Number	10/576,575		
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Date Submitted: November 29, 2007				First Named Inventor	Robyn Lynne Ward		
				Art Unit	1634		
(use as many sheets as necessary)			cessary)	Examiner Name	ONKNOWN Amanda Shaw		
Sheet	1	of	1	Attorney Docket Number	037775-0107		

U.S. PATENT DOCUMENTS					
Examiner	Cite	Document Number	Publication Date	Name of Patentee or Applicant of	Pages, Columns, Lines, Where Relevant
Initials*	No.1	Number-Kind Code <sup>2</sup> (if known)	MM-DD-YYYY	Cited Document	Passages or Relevant Figures Appear
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UNPUBLISHED U.S. PATENT APPLICATION DOCUMENTS							
Examiner Initials*	Cite No.1	U.S. Patent Application Document Serial Number-Kind Code <sup>2</sup> (if known)	Filing Date of Cited Document MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		

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Cite No.1	Foreign Patent Document Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (#known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Documents	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Т	
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		Cite Foreign Patent Document No.¹ Country Code³'Number⁴'Kind	Cite Foreign Patent Document Publication Date No.¹ Country Code "Number" Kind MM-DD-YYYY	Cite Foreign Patent Document Publication Date Name of Patentee or No.¹ Country Code*Number*Kind MM-DD-YYYY Applicant of Cited Documents	Cite         Foreign Patent Document         Publication Date MM-DD-YYYY         Name of Patentee or Applicant of Cited Documents         Pages, Columns, Lines, Where Relevant           No.1         Country Code*Number*Kind         MM-DD-YYYY         Applicant of Cited Documents         Pages, Columns, Lines, Where Relevant	

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## ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH, /A.S./

Examiner Signature /Amanda Shaw/	Date Considered	03/09/2010
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\*EXAMINER: Intial if reference considered, whether or not cliation is in conformance with MPEP 660. Draw line through citation in for in Conformance and and considered include copy of this form with next communication to applicant 1 Applicants in unique cliation designation number (points). 2 See Kinds Codes of USPTO Patient Documents at www.usptio.gov or MPEP 001.04. 3 Enter Office that issued the document, by the Workelfer code (WIPO Standard ST.3). 4 For Jaganese patient documents, the indication of the year of the Employ of the Employer of the Employ of the Employer of the Empl